

Insights

Supporting Comprehensive Screening Systems, from Early Childhood through Adolescence



“Colonial has created a district-wide comprehensive screening system for children birth-to-five,” says NICHQ Project Director, Zhandra Levesque, MPH

“There’s a gap in our early childhood screening system,” says Dawn Alexander, M. Ed., the Preschool Expansion Coordinator for Delaware’s Colonial School District, one of the place-based communities in the NICHQ-led Early Childhood Comprehensive Systems Improvement and Innovation Network ([ECCS CoIIN](#)). “My colleagues and I keep seeing 3-year-old children entering pre-school with developmental delays, and we ask ourselves, ‘why hasn’t this delay been found and addressed prior to preschool?’”

According to the American Academy of Pediatrics, children should receive three developmental screenings by the time [they reach 30 months of age](#). These screenings assess whether children are meeting their developmental milestones, prompt proactive interventions and help all children start school ready to succeed.

Delaware has already made [significant improvements in early childhood screenings](#), reflecting commitment to improving early childhood health and development across the state. Unfortunately Alexander points out, gaps in care and coordination still exist. These gaps, she argues, stem from a fragmented system where screenings for children birth to 3 follow one protocol while screenings for children ages 3 to 5 follow another. As a result, a child's changing age dictates where they will be screened, who will provide the screening, what screening tool will be used, and who will connect with families about resources and referral information.

“Fragmented systems confuse families,” says Alexander. “Right now, for most families in Delaware, a mother of a 2-year-old and a 5-year-old is expected to access two different agencies and take her children to two separate places for screenings. She then has to follow instructions for two different screening tools and understand and follow-up on two types of results. That’s just too much confusion for any family, never mind those who might already be under social or economic duress. It’s not hard to understand why children are falling through the cracks.”

Each screening protocol also has individual guidelines for collecting and reporting data, which makes it difficult to compile, share, and compare data between and among agencies. Without shared data, Delaware struggles to track improvements, build on successes, and identify and qualify needs.

“The ECCS CoIIN opened up the possibility of a comprehensive screening system across Delaware,” says Alexander, “one that has a single coordinating body and a unified approach to screening services for children before and during preschool.”

In any improvement initiative, making the case for large statewide or national change means starting small and building off successes. That’s why the Colonial School District is testing changes at the district-level first. For the past 19 months, Colonial School District has provided access to developmental screenings for all district families with children ages birth to 5, and managed the screenings that are completed via Colonial’s screening portal. This ensures that all families across their district have access to the same screening tools and supports. In doing so, they are demonstrating the potential benefits of bringing birth to 5 screenings—and birth to 5 programming—under one governing body.

“Colonial has created a district-wide comprehensive screening system for children birth to 5,” explains NICHQ Project Director, Zhandra Levesque, MPH. “It’s really exciting to see a school district conducting small tests to examine how best to support systems change, and then forwarding what has the potential to be a model for statewide improvements.”

Below are three highlights from Colonial’s efforts, each of which shows the benefits of a creating a statewide comprehensive [early childhood system](#).

Improved family support

Having any one coordinating body, such as the Department of Education, manage screenings from birth to 5 gives families a consistent place to turn to for resources and support. This consistency not only simplifies logistics for families, but also encourages earlier relationships between families and the school support staff.

“We’re building relationships with families right from birth rather than waiting until their children are already 3,” says Alexander, who is leading the ASQ Developmental Screening outreach efforts for families of children ages birth to 3 in Colonial School District. “This makes it easier for families to trust us as true advocates for their children.”

Families also are connecting with their community earlier. District-led community based events on promoting developmental health—like a library night on early literacy—are now available to all families of children birth to 5 instead of only parents with children in preschool and kindergarten. Now more parents can engage with other families, ask questions and share concerns, and join a larger and more diverse early childhood network.

Powerful combination of cost savings and parent empowerment

“We’re saving a lot of time and money, which are both limited commodities in any educational system,” says Alexander. “Streamlining our efforts demonstrates what isn’t working and tells us where to put our energy.”

For example, Colonial used to send screening staff out to local child care and Head Start centers to conduct one-on-one screenings with preschoolers using the [DIAL method](#) (Developmental Indicators for the Assessment of Learning). Meanwhile, children ages birth to 3 at local early learning programs were not receiving developmental screening services. In 2017, Colonial moved to the Ages and Stages Questionnaire ([ASQ](#)) for screenings, an online tool that families complete on their own, when most convenient for them. Now all families of children birth to 5 who reside in Colonial, or who attend an early learning program in Colonial, have access to the ASQ screening tool, which has proven more effective for families and more affordable for the state.

“When we made the online ASQ available for *all* birth to 5 families in the district, we cut our screening budget in half,” says Alexander. “Now, we are using the funds that we saved to increase direct services to children with speech-language needs. Families are also actively engaged in the screening process, which helps them better understand developmental milestones and know what to do about developmental concerns.”

Consolidated data

By using one screening protocol, Colonial's data from children ages birth to 5 is now all in one place, which increases the efficiency and effectiveness of the district's early childhood improvement efforts.

"Comprehensive district-wide data show us who is getting overlooked and helps us focus our efforts," says Alexander. "Our data shows how many children screened live in each community. If we notice that a community has few or no screenings, especially if it's a community with an at-risk population, we can target our outreach to connect with that community."

Plus, according to Alexander, consolidating statewide data can help drive collective impact across Delaware: it supports grant applications, ensures that funding reaches the families who need it most and drives policies that support the proven needs of the state.

"Delaware is a model for what continuous improvement should look like," says Levesque. "Over the past decade, they revolutionized their screening efforts. Now they're building on those achievements to create a truly comprehensive early childhood screening system. By testing one way in the Colonial School District, they can identify gaps, test solutions and find out which methods they can scale throughout the state."